

# **Strategic Plan**

## **2012-2016**

### **I Agency Overview**

SpectraCare Health Systems, Inc. here after called the Board is a public non-profit corporation formed in 1968 in the State of Alabama. The Board is a comprehensive community mental health system providing mental health, developmental disability and substance abuse services to the citizens of Barbour, Dale, Geneva, Henry and Houston Counties.

### **II Current Status**

The current status population of the service area as of 2011 is 223,725. The SpectraCare Health Systems, Inc. Board provides mental illness and substance abuse services in all five counties of its service area.

Developmental Disabilities services include day habilitation programs in Geneva, Henry and Barbour and an adult group home in Geneva County. Dale County has a supervised community living program. Developmental Disability services are provided by separate MR 310 Boards in Houston and Dale County.

Mental Illness Services are provided through outpatient clinics in each county, accessibility to treatment services, and psychosocial rehabilitation in all counties. Residential services are provided through group homes, an Intermediate Care Program, foster homes and supportive apartments. Inpatient Hospitalization can also be provided through contracts with local acute care hospitals.

Substance abuse outpatient treatment services are available in the five county service areas. Substance Abuse Services also include prevention, intensive outpatient services and a crisis residential program in Houston

County. SpectraCare also manages the court referral program in Houston County

### **III     Assessment of Stakeholders**

This plan was developed by the SpectraCare Board of Directors in conjunction with the Executive Staff of SpectraCare during its monthly Board Meeting. The Executive Staff provided information gained from a variety of sources including consumers, family members, staff, probate judges, mayors, and community leaders. Information was obtained through community meetings, client survey, and individual and group consumer meetings.

### **IV     Mission**

The mission of SpectraCare is to provide quality mental health, developmental disability and substance abuse services within the limits of available resources to citizens of Barbour, Dale, Geneva, Henry and Houston Counties, and to assure that these services are provided with respect for the individual's dignity and privacy in the least restrictive environment necessary to promote recovery.

### **V     Vision**

SpectraCares' vision is that the quality mental health, developmental disabilities and substance abuse services that they provide will promote the health and general welfare of the people of Barbour, Dale, Geneva, Henry and Houston Counties.

### **VI     Value and Philosophy**

SpectraCare is committed to providing services that will promote positive consumer, family and provider relationships, and to establish priorities for services provided with primary emphasis on the seriously mentally ill, substance abuse, and developmentally disabled population. To this end the Board's primary goal is to provide quality services in an effective and economical manner.

SpectraCares' Performance Improvement Plan monitors and evaluates the following outcome and quality measures:

1. Goal I: To continue to maintain financial stability of organization. (See attachment for objectives)
2. Goal II: To continue to strengthen staff competence. (See attachment for objectives)
3. Goal III: To provide a user friendly and effective treatment environment. (See attachment for objectives)
4. Goal IV: To continue to provide treatment services that meet applicable standards, third party requirements, contract requirements and internal quality indicators. (See attachment for objectives)

The Executive Staff will collect and analyze data related to the above stated goals. This data analysis will be reviewed to effect change for effective and efficient operation. The Strategic Plan will be reviewed on an annual basis for needed revisions. The Board of Directors will review, revise and approve the Strategic Plan every two years.

## **VII Greatest Needs**

1. Developmental Disability Services
  - A. DD state matching funds
  - B. Outplacements from the DD waiting list
  - C. Need for more resident and/or Day Programs placements and services to meet future needs
2. Mental Illness Services
  - A. Additional funding for residential services for MI
  - B. Co-occurring services
  - C. Expansion of liaison programs

- D. Expansion as indicated by consumer need for therapists in Barbour, Dale, Geneva and Henry counties to reduce case loads and provide more children/adolescent services
- 3. Substance Abuse Services
  - A. Detox Services
  - B. Funding for long term residential beds – adult.
  - C. Additional funding for prevention services.
- 4. Business/Financial
  - A. Increase ability to provide financial statistical and analysis reports to staff and other entities.
  - B. Increase capital reserve funding.
  - C. Increase integration of accounting and finance functions with emphasis on paperless procedures.
- 5. Human Resources
  - A. Staffing of residential facilities
  - B. Retention of long-term staff
  - C. Web-based training for staff
- 6. Quality Assurance
  - A. Increase ability to monitor data through the EMR system.
  - B. Raising key performance improvement indicators to an error of 5% or less
- 7. Information Technology
  - A. Continue conversion to EMR in Substance Abuse and Developmentally Delayed Divisions.
  - B. Continue to develop and refine comprehensive training program for Employees.
  - C. Develop Tech Support.

## **8. Building and Maintenance**

- A. Facilities in all divisions are aging and will require continued maintenance and updates.
- B. Current Administration Building cannot meet the needs of staff.
- C. Additional space is needed for training of increased staff.

## **VIII Current Funding Resources**

The majority of funding is provided by the Alabama Department of Mental Health and Mental Retardation (DMH/MR). A significant amount of the funds received are Medicaid federal funds passed through DMH/MR. Other sources of revenue include patient fees, private pay insurance, local government appropriations and United Way.

## **IX Future Funding Resources**

- A. With a depressed economy we hope to see funding remain level from Counties and Cities that reduced prior funding support. Efforts will be made to re-visit Counties and Cities who have eliminated their funding to regain financial support.
- B. When possible, grants for additional funding will be pursued.
- C. It is hoped that the State Department of Mental Health will be able to sustain the current funding levels or increase funding for current community services.

## **X Communications**

The Strategic Plan will be available for review by each staff member of SpectraCare Health Systems, Inc. through posting on the Spectranet. The strategic Plan will also be posted on the Alabama Department of Mental Health's website.

**SPECTRACARE HEALTH SYSTEMS, INC.**

**STRATEGIC PLAN**

**Goal #1:                    Maintain financial stability of Organization**

<b>Objective</b>	<b>Evaluation Method</b>	<b>Person(s) Responsible</b>	<b>Dates</b>	<b>Reviewed By</b>
<b>Monitor Financial Status</b>	<b>Current Financial Reports; Budget Reports</b>	<b>Financial Director, Program Directors</b>	<b>Quarterly or more frequent if justified</b>	<b>Executive Staff; Board of Directors</b>
<b>Monitor Billings and Collections</b>	<b>Accounts Receivable Trends and Reports</b>	<b>Finance Director; Program Directors, Contract Specialist, Patient Account Representative</b>	<b>Monthly</b>	<b>Executive Staff</b>
<b>Monitor Program Services and Trends</b>	<b>Quarterly Staff Meetings; and Services and Trend Reports</b>	<b>Program Directors</b>	<b>Monthly and Quarterly</b>	<b>Executive Staff CQI</b>

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STRATEGIC PLAN

Goal #2: Strengthen staff competency.

Objective	Evaluation Method	Person(s) Responsible	Dates	Reviewed By
Staff Evaluations	Staff Supervision; Performance Appraisals; and CQI	Human Resources Director	Annually	Executive Staff
Provide Appropriate Inservice Training	Content and Attendance Evaluations; Monthly Assessments of Admin. Records	Executive Staff	Quarterly	Executive Staff; CQI Committee
Provide Appropriate CEU's	Licensure Requirements	Human Resources Director	Annually	Executive Staff; Program Directors

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**STRATEGIC PLAN**

**Goal #3: To provide a user friendly and effective treatment environment.**

Objective	Evaluation Method	Person(s) Responsible	Dates	Reviewed By
Ensure Safety of and Access to Facility	Fire Safety Reports; DMH/MR Facility Inspection Reports; Health Inspections	Executive Staff; Maintenance Supervisor; Nurses	Monthly Semi-Annually and Annually	Executive Staff
Ensure Consumer Care is Provided in Compliance with Consumer Rights and Ethical Standards	DMH/MR Advocacy Abuse Neglect Reports; Grievance Procedure; Consumer Meetings	CQI; Executive Staff	Monthly	CQI Program Directors; Executive Staff; CQI Committee
Ensure Consumer Care is Provided by Friendly and Caring Staff	Consumer Satisfaction Surveys; Advocacy	Program Directors; Executive Staff when applicable	As required	CQI Committee; Executive Staff



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STRATEGIC PLAN

**Goal #4:** To maintain compliance with required standards and contractual obligations.

Objective	Evaluation Method	Person(s) Responsible	Dates	Reviewed By
Ensure Policies and Procedures Meet State Standards	Review Policies and Procedures and Compare to State Standards	Executive Staff; CQI Director	Annually	Board of Directors
Ensure Contract Requirements are met	Review Contract Requirements; DMH/MR Site Reports; and Audits	Executive Staff; CQI; CPA	Annually or Upon Effective Date of Contract	Executive Director; Board of Directors
Monitor Performance Improvement Plan	Analyze Performance Improvement Reports; Review Performance Indicators	Executive Staff	On Going	Executive Staff; Board of Directors
Ensure Compliance with Site Visit Requirements to include Standards and Contract Requirements	Review Site Visit Reports; Annual Audits	Executive Staff	Annually	Executive Staff; Board of Directors

## **ACCOMPLISHMENTS**

**2009-2012**

### **MENTAL ILLNESS**

1. Participated in closing Searcy Hospital.
2. Contracted for an Acute Care Unit at Dale Medical Center.
3. Opened an Intermediate Care Program.
4. Added 24 apartments.
5. Hired 2 Utilization Review Directors.
6. Opened a Co-occurring facility.
7. Implemented the Nurse Delegation Program for staff.

### **DEVELOPMENTAL DISABILITY**

1. Implemented DMH/DD ADIDIS (formerly MRSIS) program and trained appropriate staff.
2. Implemented the Nurse Delegation Program for staff.
3. Addressed staffing issues with retirement of long-term employees (Geneva County).
4. Updated facilities furnishings in Barbour County.
5. Improved physical condition of Johnson Group Home.
6. Added a drive-up overhang to aid in loading and unloading individuals in adverse weather conditions at Johnson Group Home.

### **SUBSTANCE ABUSE**

#### **THE HAVEN:**

1. Enhanced community support by adding Celebrate Recovery meetings to schedule of support group meetings for current clients and aftercare clients.

2. Increased number of female beds to 18 (from 8) and decreased male beds by 8 in order to meet the needs of the community. Waiting list for female residential beds was decreased by this action.
3. Completed landscaping projects to improve overall look of the campus.
4. Implemented the Nurse Delegation Program for residential staff.

#### INTENSIVE OUTPATIENT PROGRAM:

1. IOP Director is member of Adult Drug Court teams in Geneva and Barbour counties.
2. Adolescent Recovery Program funded in order to meet needs of community. Funding not available in FY 13.
3. Increased number of Dothan/Houston County groups to five; IOP has 2 day groups and 3 night groups functioning in Dothan.
4. Maintained groups in Dale, Barbour and Geneva counties. Aftercare programs established in these counties to meet needs of drug courts.

#### COURT REFERRAL:

1. Four full time court referral officers hired to meet need of Dothan Municipal and Houston County Drug Courts.
2. Juvenile Drug Courts established in Houston County. CRP coordinates these programs.
3. Established color code system to enhance drug testing for clients.
4. Upgrade of all drug testing equipment.

#### PREVENTION SERVICES:

1. Dale County Coalition continues to expand to address underage drinking issues in the county.
2. Established a Prevention Coalition in Geneva County to address underage drinking issues in the county.
3. Established a Truancy Prevention Program in Houston County at request of Houston County CPC.

4. Increased awareness of availability of prevention programs via the three projects listed above.
5. Upgrade of all Baby Think It Over equipment to provide a more realistic teen "parenting" experience for the participating high schools in five counties.

#### **BUSINESS/FINANCE**

1. Business and Finance policies and procedures were reviewed, and monthly financial reports updated, and placed on the Intranet site for access by staff at all times.
2. Began scanning process of financial and other permanent records for electronic storage.
3. Completed fiscal year CPA Audits with unqualified opinions and no management recommendations.

#### **HUMAN RESOURCES**

1. Reviewed and reviewed policies and procedures and placed them on the Intranet site for employee accessibility.
2. Maintained low unemployment tax rate.
3. Instituted safety program which resulted in a discount for Worker's Compensation insurance cost. Drug Free Workplace.
4. Implemented means for staff to obtain Licensed Professional Counselor status through SpectraCare.
5. Participated in National Health Service Corp. approved agency program to obtain Psychiatrist.
6. Marketed employment opportunities in major universities in Alabama and Southwest Florida and Federal Civilian Employment programs.
7. Defended all employment law claims resulting in every decision favoring employer.

8. Implemented revision of compensation plan to make salaries more competitive with applicable market. Revised 2011
9. Implemented new payroll/time keeping programs offering more efficient payroll information for supervisors. ADP
10. Expanded staff orientation program to insure compliance with funding agencies.

### **QUALITY ASSURANCE**

1. The implementation of three corporate compliance policies was completed. These included the Internal Compliance Plan, the Whistleblower Policy and new HIPAA requirements. Initial training was conducted for all employees. Refresher training takes place annually and is included in every new employee's orientation.
2. QA assistance in the development of forms, policies and procedures regarding the EMR system implementation has been completed (and is on-going).
3. A QA Clerical Reviewer was hired for the department. As a result of this new position, there has already been significant progress in the amount of reviews being conducted and in the clerical findings.
4. Over 10,000 charts have now been electronically scanned. A new scanner has been purchased to be utilized in conjunction with the original scanner to further increase scanning input. With the majority of charts now being paperless, more and more information is being submitted for scanning.
5. Participation in two site visits during this time frame (2010 and 2012) resulted in good overall scores. QA review forms were revised to include all new DMH, Medicaid/Medicare and SpectraCare requirements.

### **INFORMATION TECHNOLOGY**

1. Continued to upgrade our information management system.

- A. Completed EMR for Mental Illness Division.
  - B. HR and Payroll converted to ADP.
  - C. Expanded Imaging software use to increase efficiency in document management.
  - D. With grant help we installed Telecommunications equipment in outlying counties. It is used for telemedicine, training and meetings.
  - E. Continued to update our investment in current software.
  - F. Developed an external website for public information and use (spcare.com).
  - G. Expanded our Intranet to make it an integral part of organization.
  - H. Installed electronic capital assets inventory and tracking system.
  - I. Established disaster recovery for AS/400.
2. Made improvements in communication capabilities.
- A. Expanded use of smartphones leveraging in house Email encryption for more efficient and secure communications.
  - B. Upgraded phone systems at HCC and Admin.
  - C. Upgraded connections to WAN links as technology improved and costs went down.
  - A. Continued to monitor and enforce network security by upgrading our firewalls and antivirus/malware software to adapt to changing threats and environments.

**GOALS**  
**2013-2015**

**MENTAL ILLNESS**

1. Expand Dual Diagnosis services.
2. Monitoring of ongoing increased staff needs.
3. Develop procedures for commitments, recommitments, and other Probate needs.
4. Continue expansion of the Liaison program.
5. Relocate Middleton Group Home.
6. Develop plan for utilizing current Middleton Group Home.
7. Continue the Implementation of the EMR System.
8. Increasing school based services.
9. Evaluation of Acute Care program.
10. Develop training modules for staff positions.
11. Continue UR program development.
12. Increase number of foster home beds.
13. Expand telemedicine capability.

**DEVELOPMENTAL DISABILITY**

1. Implement DMH/DD Standards and train staff.
2. Fill available slots from DD Waiting list as funding permits.
3. Update Staff training curriculum. Replace VHS videos currently being used with updated DVD's. Replace VCR with DVD Player.
4. Individualized Training Materials.
5. Complete facility repairs and maintenance as needed in DD facilities.
6. Update capabilities for staff to move toward EMR system.

7. Continue to provide on-going training and implementation of MRSIS program.
8. Continue implementation of the Nurse Delegation Program.
9. Continue to fill available MR slots as funding will allow.
10. Explore funding options for increasing residential services.
11. Complete facility repairs on MR facilities.

### **SUBSTANCE ABUSE**

#### **THE HAVEN**

1. Obtain clinical staff certification to comply with DMH standards.
2. Update curricula for medical groups for clients.
3. Identify and implement evidence based curriculum.
4. Explore funding opportunities for long term residential care.

#### **INTENSIVE OUTPATIENT:**

1. Obtain clinical staff certification through AADAA.
2. Identify and Implement evidence based curriculum.
3. Enhance/expand services to consumers with co-occurring disorders.
4. Establish women's SA OP group, and other specialized groups as need demands.

#### **COURT REFERRAL:**

1. Houston County Adult Drug Court is operating and serving clients.
2. Color code program is functioning for adult drug court participants.
3. Expand education programs. Consider shoplifting and other offenses for education opportunities.

#### **PREVENTION:**

1. Upgrade prevention specialist's certification.
2. Increase community awareness of SA programs.



3. Identify alternative funding sources to expand prevention programs in Barbour and Henry Counties.

### **BUSINESS/FINANCE**

1. Capital assets – Continue to perform physical inventory of assets and reconcile to location and computer database records.
2. Closeout of monthly financial records – Enhance ability to close books by 10<sup>th</sup> of month in order to provide more timely reports to management.
3. Provide ability for all program directors and management to retrieve service data with minimum effort and know how.
4. Continue records retention policy for Business Office and destruction of records in a timely manner.
5. Store inservice documents, EOB's, on scanning system with daily reconciliation.
6. Integrate quality assurance in all financial areas including cash receipts, accounts payable, etc.

### **HUMAN RESOURCES**

1. Revise methodology for staffing of residential facilities. Director of Staffing and Relief Program.
2. Research and revise pay structure for staff. October, 2011.
3. Revise benefit package for staff with emphasis on expanded benefits for longer tenured staff.
4. Establish web based training for staff with emphasis on compliance issues.
5. Expand quarterly "live" staff training to areas of acute interest or need.
6. Establish policies and programs to retain long term staff.
7. Provide means for staff to obtain Professional Counselor license.
8. Maintain positive rating to continue minimizing cost of Workman Comp and Unemployment Compensation. \$50,000 plus saving UC 2011-2012.

9. Continue compliance with Federal and State Labor and Department of Transportation Laws.
10. Establish on-going management training. Supervisor Drug Free
11. Insure compensation package is competitive with geographic area.  
Revised October 2011.
12. Have qualified staff obtain licensure. Developed LPC Program SA staff to receive certification.
13. Establish job succession program.
14. Establish training budget for individual staff members.
15. Offer CEU training to Wiregrass area and other MHC's.

#### **QUALITY ASSURANCE**

1. Continue to assist in the development of forms, policies and procedures regarding the implementation of the EMR system. (The MI and SA division conversions are nearing completion.)
2. Continue to report and assist in obtaining and maintaining a goal of 90% or better for key Performance Plan indicators. Special emphasis is being placed on obtaining a goal of 90% or better on the timely completion of MI treatment plan reviews.
3. Continue to assist in monitoring compliance with DMH Administrative Code and Medicaid and Medicare requirements. Assist through the QA process in a goal of two year certifications in all programs during the 2014 DMH site visit. Assist in participation/compliance with all consumer records audits.
4. Assist in the monitoring of the Adult Case Management programs in Barbour and Houston counties according to the 2012 Case Management Action Plan submitted.
5. Scan charts and other related documents at a rate of 2500+ per year. Information Technology is planning to interface the scanned documents with the EMR system.

6. Continue to assist in the investigation of special/critical incidents. Report the status of investigative findings to Executive Staff (and to DMH as necessary).
7. Continue to insure timely response to subpoenas, court orders and other records requests. Provide training on appropriate response to requests as needed.
8. Continue to maintain and report all CQI (Continuous Quality Improvement) data to Executive Staff (and Board as required).
9. Utilize the QA process to catch errors as early as possible. The goal is to intervene before problems become a substantial issue.

### **INFORMATION TECHNOLOGY**

1. Continue to upgrade the Information Management System.
  - A. Keep current servers updated with current patches and software.
  - B. Establish Tech Support system for users.
  - C. Continue to replace old systems as needed.
  - D. Continue to develop and refine training for our users on system use.
2. Improve telecommunications and reduce cost.
  - A. Stay abreast of new technologies and implement when feasible.
3. Maximize utilization of information.
  - A. Continue to develop electronic records.
4. Monitor security regulations and comply to new regulations when they are imposed.
5. Manage a successful system transfer to new administration building.
6. Continue to upgrade the Information Management System to meet the system's demands.
7. Improve telecommunications to improve effectiveness and reduce cost.

8. Continue the implementation of the electronic records to improve productivity and accessibility of information.
9. Continue to monitor systems to ensure compliance with security regulations.

#### **BUILDING AND MAINTENANCE**

1. Continue to monitor the maintenance needs of all facilities to keep compliant with all requirement standards to meet consumer and staff needs.
2. Renovation of the newly acquired Administration Building to meet staff needs.
3. Acquisition of larger training rooms in the new Administration Building to meet training space needs.

